

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: Harry E. Fitzwater  
DDA  
7D-18 Hqs.

EXTENSION

NO.

DATE

11 APR 1983



DDA-83-0940/1

11 APR 1983

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

1. D/Logistics

14 Apr.

2. C/BPS/OL

3.

4.

5.

6.

7.

8.

9.

10.

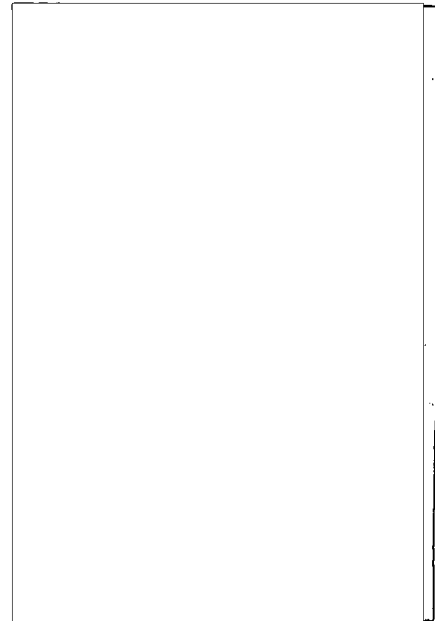
11.

12.

13.

14.

15.



SECRET

DDA 83-0940/1

11 APR 1983

MEMORANDUM FOR: Chief, Central Cover Staff

VIA: Deputy Director for Operations

FROM: Harry E. Fitzwater  
Deputy Director for Administration

SUBJECT: Safeguarding Cover in Headquarters Medical  
Facilities After Completion of the New Building

REFERENCE: Memo to DDA fm C/CCS, dtd 6 Apr 83, same Subject

1. A copy of your memorandum has been forwarded to the Chief, Building Planning Staff (C/BPS). You may be aware that C/BPS is assisted in planning for the new building on the compound by the Building Planning Committee, consisting of representatives from all elements of the Agency. One of the tasks of this group is to provide C/BPS with the type of concerns which you expressed in reference. The Directorate of Operations representative on the Building Planning Committee [redacted].

Harry E. Fitzwater

EO/DDA [redacted] (8Apr83)

Distribution:

- 0 - Adse
- 1 - DDO
- 1 - C/BPS/OL
- 1 - D/OL
- 1 - DDA Subj
- 1 - DDA Chrono
- 1 - HEF Chrono
- 1 - EO Chrono

ALL PORTIONS SECRET

SECRET

**ROUTING AND TRANSMITTAL**

Date

8 APR  
1969

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	D/OL	<i>[Signature]</i>	
2.	AEO	<i>[Signature]</i>	4/11
3.	EO	<i>[Signature]</i>	4/11
4.	DD/L	<i>[Signature]</i>	11 Apr 69
5.	CIBPS	<i>[Signature]</i>	

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

**REMARKS**

cc: CIBPS

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

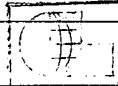
Safeguarding Cover in Hqs Medical Facilities After Completion  
of the New Building

FROM:

C/CCS

EXTENSION

NO.



OL-20306-83

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

DD/L

8A - *[Signature]*

2.

D/OL

11 Apr. *[Signature]*

3.

ED/OL

*ue*

4.

C/BPS

*pls send a Xerox Copy to C/Recs. and C/LSD. ~~fx~~*

5.

*done*

6.

*I don't agree w this. Pls call me.*

7.

8.

9.

10.

11.

12.

13.

14.

15.

25X1

25X1

**Page Denied**

Next 2 Page(s) In Document Denied

25X1  
25X1

## ROUTING AND TRANSMITTAL SLIP

Date

2-22-83

TO: (Name, office symbol, room number,  
building, Agency/Post)

Initials

Date

1.

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

Pls attach this to the  
other papers sent to you.  
Would you also pls give one  
copy to

Thanks!

PTAS

DO NOT use this form as a RECORD of approvals, concurrences, disposals,  
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA  
FPMR (41 CFR) 101-11.206

☆ GPO : 1981 O - 341-529 (120)

CONFIDENTIAL

15 FEB 1983

MEMORANDUM FOR: Chief of Operations (PTAS)  
ATTENTION: OS New Building Coordinating Officer  
25X1 FROM: [REDACTED]  
Chief, Technical Security Division  
SUBJECT: Security Intrusion Alarm Requirements -  
New Headquarters Building  
REFERENCE: Memo dtd 8 Feb 1983

Please amend para B. a. 3 for referenced memo to read  
as follows:

Every corridor door into office areas,  
controlled closet or perimeter door is,  
to be interconnected to the alarm conduit  
system via 1" conduit and terminated by,  
a 4" x 4" x 1" junction box. If further  
information is required, please contact

25X1 [REDACTED] on Secure telephone [REDACTED]  
25X1 [REDACTED]  
[REDACTED]  
[REDACTED]

25X1  
25X1